2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000006778

Entity Name: ROBINSON'S TREE FARM, INC

FILED Apr 18, 2006 Secretary of State

| Entity Name: ROBINSON'S TREE FARM, INC. | | | | | | | | |
|---|---|----------------------------------|---------|--|--|-----------------------------------|--|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| 1991 INDUSTRIAL DRIVE DELAND, FL 32724 | | | | 600 BENNETT ROAD PIERSON, FL 32180 | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| 1991 INDUSTRIAL DRIVE DELAND, FL 32724 | | | | P. O. BOX 177 SEVILLE, FL 32190 | | | | |
| FEI Number: 5 | 59-3435539 | FEI Number Applied For () | FEI Num | nber Not Appli | cable () | Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | | |
| CAROLAN, J P III 390 NORTH ORANGE AVENUE SUITE 1490 ORLANDO, FL 32801 US W. H. W. W., INC. 390 NORTH ORANGE AVENUE SUITE 1500 ORLANDO, FL 32801 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, | | | | | | | | |
| in the State of Florida. SIGNATURE: J. P. CAROLAN III 04/18/2006 | | | | | | | | |
| Electronic Signature of Registered Agent | | | | Date | | | | |
| Election Cam | paign Financ | ing Trust Fund Contribution (). | | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: | ROBINSON, | TRIAL DRIVE | | Title: Name: Address: City-St-Zip: | | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | LEMERAND, 103 B NORT | | | Title: Name: Address: City-St-Zip: | V LUNDY, LAR P. O. BOX 17 SEVILLE, FL | 77 | | |
| Title: Name: Address: City-St-Zip: | D RENFROE, I PO BOX 192 DELAND, FL | 2 | | Title: Name: Address: City-St-Zip: | | ()Change ()Addition | | |
| Title: Name: Address: City-St-Zip: | MCMAHAN, I | NA AVE STE A2 | | Title: Name: Address: City-St-Zip: | | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | SINGLETON | HERN PINES PL | | Title: Name: Address: City-St-Zip: | | () Change () Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

| SIGNATURE: | DAVID R. ROBINSON | PD | 04/18/2006 |
|------------|-------------------|----|------------|
| | | | |